

that I had that indicated that all these doctors from all of these organizations are in fact supporting, they are supporting, health care reform.

The question is not why, but the question is why not? We thank him for his presence. And we thank Elizabeth Wiley, who came as a medical student and indicated that 62,000 medical students across America are supporting a vigorous public option.

I believe, Madam Speaker, that the stories of the sick, as we mourn those who have lost their lives, are potent and powerful. As we listened in the waning hours of this hearing and listened to many, many others, Dr. Ben Carson joined in by telephone and told us, this great surgeon, of the need for full access and the need for the ability to be heard on this issue.

Madam Speaker, I close by simply saying if the question is asked why, we ask why not? A vigorous public option will save lives; 45,000 die every single year. And to the sick who are listening, let us hear from you, because we will be propelled by the cause and necessity of providing you, the sick, with good health care so that you might live.

#### VACATING 5-MINUTE SPECIAL ORDER

The SPEAKER pro tempore. Without objection, the ordering of a 5-minute Special Order speech in favor of the gentleman from Texas (Mr. GOHMERT) is vacated.

There was no objection.

#### PROVIDING AFFORDABLE, ACCESSIBLE HEALTH CARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from Texas (Mr. GOHMERT) is recognized for 60 minutes.

Mr. GOHMERT. Madam Speaker, it is always an honor to be here on this floor where so much history has been made. I can't help but think of the quote from Thomas Jefferson: "The natural course of things is for liberty to yield and government to gain."

What we have been faced with and what is being negotiated behind closed doors, interesting negotiations, there are no Republicans that have been allowed anywhere near, despite all the promises of the most open government that we would have once President Obama was in the White House and Speaker PELOSI was Speaker and HARRY REID was the Majority Leader in the Senate. Those things just simply have not materialized.

I keep hearing people, and I have heard them on both sides of the aisle, say we want health insurance for everyone. What I want for everyone is health care; health care that is affordable, health care that is accessible.

Health insurance? I gave a speech to health insurance folks here last year and I pointed out, you think you are selling insurance, but this is not insur-

ance. You are selling management by health insurance companies of health care. It is not insurance.

Look it up. Insurance is not paying a company to manage everything for you. Insurance is when you pay a little premium, a small premium, sometimes monthly, sometimes quarterly, sometimes for a whole year. You pay that to insure against some unforeseeable event out there in the future.

Now, when I was growing up in East Texas, there were precious few people that had any insurance, but the ones that did, they paid a tiny premium to insure against some catastrophic illness overtaking them or some terrible accident that left them in need of expensive health care, and that insurance would cover them.

For the rest of us, if you got sick, you knew exactly what the cost was at each doctor's clinic, at the hospital, and you also knew if you got sick and had to go to the doctor's office what it would cost. But if it was more than you could pay, then there was usually someone near the front counter who could work out a monthly payment for you to pay. But, as a patient, you had control of your health care.

I have been intrigued. It just leaves you with a broken heart to hear all the troubling stories from our colleagues across the aisle about the tragedies of sickness or accident. But I have heard the same thing except, many-fold more, about socialized medicine.

As an exchange student in the Soviet Union in 1973, I had a chance to see socialized medicine up close and personal, the way it gets after it has existed for a number of years. People rarely ever saw the same doctor when they went.

The doctors, it was not an honor to be a doctor there. College students with whom I came in contact and got to know, if they had a parent, a father or mother that was a doctor, they were not all that thrilled to tell you. They were tickled to death to tell you if they had a parent that was assistant to the assistant manager of a factory, but not so much of doctors.

Here in the United States, doctors traditionally have been paid well, and it has inspired the very best and brightest among us to aspire to go to medical school and become doctors to help people. And what seems to have been missing from heartrending story after heartrending story are any good stories.

□ 2145

So if someone is visiting the United States, and the only exposure that they have to hearing about our health care is from the stories from our friends across the aisle, they would certainly want to avoid U.S. hospitals, U.S. doctors and U.S. clinics because of all the terrible tragedies that seem to be the only thing that occur; when the fact is, this country provides a better level of care than anywhere not only in the world but in history.

I've had doctors who were historians indicate that before 1910—not even a full 100 years ago—before 1910, if you went to the doctor, the odds were about 50-50 that you would actually be helped by going to the doctor instead of being harmed by going to the doctor. Just down the road out here you can get to Mount Vernon, to George Washington's home. We have a beautiful painting over here similar to the one hanging in the White House of George Washington, all 6-foot-3½. Though some say he was not that tall, they knew he was that tall when they measured him on the slab after his death. But he died at an age that was unexpected for him because he seemed to be in such good health. He had been out marking trees that were going to be cut down. He didn't know that he might someday get a carbon credit for them, so he had marked them to be cut down. It was during the cold and during the rain, and he got a cold. He didn't get out of his wet clothing very quickly. He had dinner the night he came back. He didn't do much about the cold. But before long, it began to overtake him.

One of his closest friends in the world was his doctor, Dr. Craik. I think he was bled three times, and they just could not understand why they kept draining out the bad blood, as they thought, out of the great father of our country, and he just seemed to not be getting better. They didn't know the damage they were doing to this giant of a man.

But we get past 1910, and because of the free market system in this country, health care has been elevated to a level never before seen in the history of mankind. What is missing in some of the stories that have been told are some of the stories that I have personally heard and have become familiar with.

Sue Clark lives in Tyler. She told me that she emigrated from England. Her mother got cancer living in England and, as is normally the case with socialized medicine, there, in Canada and soon to be here if the health care bill either the House or the Senate is talking about makes its way and gets passed, signed into law, people will go on lists the same way here. So when the President says, We're cutting \$500 billion or so in Medicare, but we're not going to deny coverage to anyone, not going to deny treatment, what we see in these other countries is that they're not technically denied treatment or care. They're put on lists. And as it goes with socialized medicine, in order for the socialized medicine health care system not to go broke, people end up dying on the list, waiting to get their health care coverage.

That's what Sue said happened with her mother. Because her mother got cancer in England, she died of the cancer, which would have been an unnecessary outcome, had she been living in the United States, as Sue said. Sue got cancer here in the United States. She didn't go on a list. She is a secretary,

as I recall, and she said she didn't go on a list. She knows she's alive today because she emigrated from England and got away from the socialized government, single-payer health care, whatever you want to call it, public option. Over there it's not a public option. It's a public requirement. But, anyway, her mother died of cancer because she was in a country that had the kind of health care that those across the aisle—many of them that is, not all of them—are aspiring to give us here.

By the same token, I know personally of incredible stories, of people who didn't have money for health care and doctors provided it, doctors who answered the call in the middle of the night and came rushing down to help, even though they knew there was a good chance they wouldn't get paid. Doctors, hospitals and clinics providing free care. I come back to my friends across the aisle who seem to indicate, like the one indicated earlier today that the guy was told because he was not from here in the United States and because he didn't have health insurance and because he didn't have \$250 to pay cash, he could not demand and require that the doctor he wanted to see had to see him. My friend across the aisle was upset about that. He was told he'd have to go to the emergency room to get that treatment.

I've also talked to physicians who said that if there was any way to require even a \$5 copay, it would root out so many of the people that just show up at the emergency room with colds, things like I get—maybe because of the stress or I'm not getting more than 2 or 3 hours sleep so often around here. We get colds. I don't go to the hospital. I don't go to the doctor. We have got great over-the-counter medical supplies. So you can go pick them up. I don't use insurance for those kinds of things. You just get what you need. I am familiar with what it costs. When I went out on my own as an attorney and left the big firm I started with, I was determined not to steal any clients, as I knew some lawyers had been accused of doing. So I started out with next to nothing. That first year that I was on my own, my adjusted gross income was \$12,000. We had a daughter who was about 2, and the only thing we could afford to give her that Christmas was a free puppy dog that my late mother had found and thought my daughter would love, and she did.

I know something about having to scrape and scrimp and build a business. Within 3 years of going out on my own, I ended up paying more in income tax than I ever made at the big firm where I went to work after I got out of the Army service. So I know something about scrimping. I know something about not having the money to give your child everything you want. I understand. But the free market system, when allowed to work properly, can do amazing things.

But I'm telling you, Madam Speaker, and I would tell the world, I don't want

health insurance companies or the government managing my health care. I want to make those decisions, and I want everybody else to have that same freedom. I want them to have coverage where they can afford it, and I want them to have the best health care that is available in this country, and that's doable. But not by socializing medicine.

You hear the stories over and over. We heard about a company in Canada which, in order to attract the best and brightest employees, was offering them the added perk that if you get sick and need surgery or need testing, we'll put you on a plane and fly you to the United States to get it done within 24 hours. That's what they were offering as part of their contract because you couldn't get that in Canada, working up there. But here if we emulate those systems, you go on lists.

The seniors, having lived on this Earth for so long, they understand what's going on. They understand when you talk about cutting Medicare \$500 billion what that means, that they're expected to do as Robert Reich recently said, You know, they're not going to get the health care they need at the end of their lives; it's too expensive. Basically, we'll let them die within a couple of months.

If you remember the President's own town hall meeting at the White House, there was a lady there named Pam Sturm. She had said that her mother was 99, close to 100. Her own doctor said that he couldn't do any more unless she got a pacemaker, but that seemed awfully old to be getting a pacemaker. Everyone else said, Yeah, sure. Go for it, except, according to Ms. Sturm, the arrhythmia specialist. But he had never met her mother. Well, her doctor contacted the arrhythmia specialist and said, You really need to meet this lady before you make that medical call. Don't just do it off a list. You really need to meet her. He met her, and according to Pam, the specialist saw her and saw her joy of life, and he said that he, indeed, was going forward with the pacemaker. It's been 5 or 6 years since then. She's now 105 and doing well, according to Pam.

Now the question she asked the President, she wanted to know under President Obama's plan what treatment someone elderly could have, and asked this question: "Outside the medical criteria for prolonging the life for somebody who is elderly, is there any consideration that can be given for a certain spirit, a certain joy of living, a quality of life? Or is it just a medical cutoff at a certain age?"

I watched the video, and I typed this up so I could have every comment exactly right. President Obama said, "We're suggesting—and we're not going to solve every difficult problem in terms of end-of-life care." My English teacher mother taught eighth grade English for most of her adult life, actually taught me English my whole life and got frustrated with me quite a bit.

But I know that she would outline that sentence and say, The President needs to clean that up, just as she did with some of mine.

Anyway, he apparently is talking and thinking and trying to come up with an answer, kind of beating around the bush. But he goes on and says, "A lot of that is going to have to be—we as a culture and as a society starting to make better decisions within our own families and—for ourselves."

The President goes on and says, "But what we can do is make sure that at least some of the waste that exists in the system that's not making anybody's mom better, that is loading up on additional tests or additional drugs that the evidence shows is not necessarily going to improve care, that at least we can let doctors know and your mom know that, you know what, maybe this isn't going to help; maybe you're better off not having the surgery but taking a painkiller."

That is the President's answer. How ironic. She had just explained that her mother had lived 5 or 6 years, a very joyful life after the pacemaker, and here the President is saying, Maybe you're better off not having that pacemaker surgery but just take a painkiller.

The seniors get that. They understand what that means to them, and they don't need a death panel to read them the writing on the wall that comes from that kind of approach to health care.

I had one senior say that she's concerned that they're cutting health care costs for seniors because they know that's where all the wisdom—not all of it but a great deal of most of the wisdom resides. The longer you are around, hopefully the greater your wisdom grows. I know from having been a judge that it is true. You live and you learn. Unfortunately, there are those who just live. Very unfortunate. Some never get to that learning part.

But we have seniors who have lived and learned. They've seen the threats of fascism. They've seen the threats of communism. The greatest generation that provided us the protection and afforded us the opportunity to enjoy the blessings we enjoy, and now we say, "You know what, maybe you're better off taking a painkiller"? What have we come to? You know, are we so self-absorbed, and we look at the money that we're throwing around from this body. We're supposed to have the purse strings and have some self-restraint as an obligation to those who sent us here, and yet we pass a bill to spend \$770 million on wild horse habitat to buy them another area the size of West Virginia so they can roam around more when we have 3 million or so people, I understand, who have lost their habitats? Why aren't we taking care of their needs by creating new jobs and creating the ability to afford health care?

My health care, my health insurance here in Congress, is part of the same

big thick booklet that all other Federal employees get to have, but it was costing over \$1,000 a month. It was just too much. So I elected to go with a health savings account, and it went to \$300—well, it's under \$300 a month, but a majority of that goes into my own health savings account. I've had some disagreements with the insurance company. I hear lots of people say, Everybody in America ought to be able to have what our Congress has for health care insurance.

□ 2200

My answer to that is you don't want my insurance. I'm changing it at the end of the year. I don't like it. I'm changing it at the end of the year. But what you want is not the insurance I've got right now, I don't think. What you want are my choices, because I've got a big, thick book like everybody else in here, and all the clerks, all the support staff and personnel, all the Federal employees have the same opportunities. It's not exclusive to Members of Congress.

I do support I believe it's H.R. 615 that JOHN FLEMING came up with that a number of us have signed onto. I think it's a good bill, that Congress shouldn't pass any health care system created at least with legislation that we do not put ourselves on. It seems fair to me. But people should have choices, and that will bring about better health care options for people.

But you have health insurance companies right now managing health care. It's not insurance. They're just taking care of people's health care. And it reminded me that—and someone, Madam Speaker, may be interested in taking this idea and actually going public and trying to sell the public on the idea. Maybe it will work. It sure worked in health care. And that is to tell people, You know what? Gasoline goes up. Sometimes it goes down, but it seems like more often it's going up. So why don't we tell the American public, Look, we will provide you what we will call gasoline insurance. You pay us a truckload of money every month, and we'll give you a copay and a deductible, and then we will pay your gasoline bill above that every month. How does that sound? Well, that's what people are doing with health insurance, and they're paying an awful lot of money.

The same thing is true with Medicare and Medicaid. When you take the total expenditures for Medicare and Medicaid in the year 2007—we're still looking for 2008 full-year numbers, don't have them yet—we were approaching \$10,000 average for every household in America to pay for Medicare and Medicaid. A small percentage of the population is on Medicare and Medicaid; yet the average is \$10,000 for every household in America just to pay for Medicare and Medicaid. That just seems outrageous. There's an easier way. I filed a bill that has a solution. There are lots of other people that have suggested solutions.

I want health insurance companies to get back into the business of insurance, and the way to do that is to have a high deductible policy and to provide tax incentives for companies to pay into employees' own personal health savings accounts, not like the old kind where if you don't use it by the end of the year, you lose it. No. If you don't use it, it rolls over to the next year, and it will accumulate and grow. And statisticians tell us that young people in their twenties and thirties, the vast majority of them, if they do that, will have such tremendous accumulated amounts in their health savings account by the time they reach retirement age that they won't need nor want Federal assistance with their health care decisions or payments because they can address it themselves with their own health care savings account and with the money that they have stored up. We provide tax advantages for businesses to do that.

Now, I do agree with those on both sides of the aisle, and not everybody agrees but I think we do have some joint agreement, on the fact that we should have health insurance policies where the insurance company just can't up and cancel the insurance policy after you find out you have some dreaded disease. That seems grossly unfair. And I would agree that would be fair, and the Federal Government can do that. We can be about making sure there is a level playing field and there's fairness across the country. That's what we are supposed to do.

This body was never intended to run everyone's life in the United States. But you give control, you give the cost to the Federal Government of all health care in America, well, that can't be paid for by the Federal Government unless they get it from the people living in America; so they're forced to tax Americans more to pay for their health care, and then you have the Federal Government, whose role is supposed to be that of referee, not only being referee but being the player.

I mean, we are constantly, it seems, most every day having people come in who are having problems with the Veterans Administration or the Social Security Administration, and it is such a nightmare dealing with the Federal Government when they are the player and the referee. There's nobody else to go around. The Federal Government is it; whereas, if it took its role from our original Constitution, it would be the referee.

I heard someone call into my friend Sean Hannity's show and he was berating health insurance companies, and he said, One of your precious health insurance companies had to settle a lawsuit for \$3 million dollars and that's why the Federal Government ought to be providing the health insurance for health care.

Well, he didn't know what he was talking about because what that shows is you don't want the Federal Government in the business of being both the

player and the referee because they don't play fair when they're the only player and the referee. They treat you as some of our veterans have been treated or, should I say, mistreated. What you want is the Federal Government to be the referee.

To me, if the insurance company got tagged for \$3 million for some heinous way they handled somebody's situation, that means the Federal Government is doing its job. It provided an arena in the judiciary system where people could have a right of redress. That's what we are supposed to do. And by having such a heavy hammer as the arena of redress, forcing the free market players out there to play by the rules, to be fair and don't mistreat people, we do a better job when that is what we concentrate on; not telling automakers how to make cars or taking control of all these other areas that we seem to have taken control of in the last year or so.

I want to go back to the comment of Thomas Jefferson: "The natural course of things is for liberty to yield and the government to gain."

Of course, it was John Adams that commented, "In my many years I have come to the conclusion that one useless man is a shame, two is a law firm, and three is a Congress." What a wise man John Adams was.

With regard to health insurance, my bill that has been filed we have been trying to get CBO scoring on. But it may be recalled that earlier this year after CBO came out with a score on a Democratic bill that upset the White House, the head of CBO, the Congressional Budget Office that does all the scoring that people constantly refer to as this unbiased source, the head was called over to the White House, called to the woodshed at the White House. And lo and behold, after that trip to the White House, it's amazing how CBO seemed to try to reach out and help the majority party, the majority in the House, the majority in the Senate, and the White House.

□ 2210

So Senator BAUCUS can rush in a bill, rush in something that is not even a bill, just a plan, and get them to score it. Well, I was told back in June that they would not score my health care bill unless I could get it into the form of a bill that could be filed here in the House.

Well, I couldn't get my bill. I had the plan all drafted, what we wanted in it, and I could not get Legislative Counsel to put it into the form which is required in order to file it normally. And so we pushed and pushed. I told Newt Gingrich about my health care plan. He said you need to get that in bill form and get it scored. That should score. Well, I tried and tried. I was told, well, you are in the minority party and besides that, you are not on the Energy and Commerce Committee. So I got the highest-ranking Republican, JOE BARTON, who was extremely helpful. He

made the request. He and his office started pushing to get my plan into a bill form so I could file it. That wasn't good enough. We got other Republicans. We kept pushing and pushing. It took about a month, but we finally got it into bill form so we could go about getting it scored by CBO.

We got it filed on July 31, and there are some amendments that we have prepared in this bill here that I am holding that we will file shortly. But we have been trying to get it scored by CBO. We made the official request August 19. We were told by CBO what we had heard from the Legislative Counsel Office, you are not in the majority. We knew that. I'm smarter than I look, perhaps. Then we were told, and you are not on the committee of jurisdiction, Energy and Commerce. So we got again Ranking Member JOE BARTON to assist and make the request. That was done in September. And then we were told later, you know what, you don't have anybody from the joint commission, tax commission, who has made this request. So we got the highest-ranking Republican on the commission to make the request.

Senator KAY BAILEY HUTCHINSON down in the Senate had requested a scoring as a Senate amendment, and she has not been successful in getting CBO to score that.

What happened to the fair government we were going to get when this Obama administration took over? What happened to the fairness and the openness and treating both parties alike? We have been shut out of all negotiations. Unless the President has allowed a Republican into the White House to talk health care in the last few weeks, we had heard that it had been since March since a Republican had been allowed in.

When he stood there at that second level during the joint session and said, Look, if you have solutions, my door is always open. Well, lots of us have filed bills. Lots of other Republicans have plans that they would like to get into bills, but they can't get Legislative Counsel's assistance. I am still plugging to get CBO's assistance to score my bill. But amazingly, they fall prey to the gimmickry of the Baucus bill of saying, oh, well, 10 years of revenue and 5 or 6 years of cost may come close to balancing out and only costing the country just under \$900 billion. But as we know, that has been bumped up to over \$1 trillion. What happened to the openness and fairness? We have solutions. We held them up so the President would see we have solutions. We would love to talk to him, to someone drafting the bills, because they are good ideas.

As I mentioned back during the days when I was on the active deacon status of my church, sometimes people would say we all ought to be of the same mind here in this body. And my comment was, unless one person has a 100 percent lock on God's truth all the time, we ought to listen to each other.

In a deacon body, you need to do so prayerfully and seeking truth in God's grace and help. In this body, it wouldn't hurt to do that either. We ought to listen to somebody. There seems to be such an atmosphere of arrogance when someone will say that there is not one single thing that nearly half of the Congress can contribute.

We all have basically the same number of constituents. There are the same number of constituents who elected Speaker PELOSI that elected me from my district. But it means just under half of the country is now not allowed input into the bills that are being passed and put together in this body. We have some proposed solutions, and the great thing is, as I have continued to talk to Democrats and Republicans, I find new things that will make my bill better.

So one of the things that we deal with is this issue of people owning their own policy. That is required in my bill. An employer will have the tax advantage, the business expense, of paying for employees' health care insurance, but that will change in the respect that it will now be the employee's policy. So that means if the employee goes elsewhere or is fired, the business goes out of business, it is still the employee's policy and they can keep paying. We will get rid of COBRA. I saw that after I left the Bench and started running for Congress. My health care was going to go up so dramatically under COBRA that I couldn't afford it. My wife and I cashed out every asset we had except our home in order to make the run for Congress. So I do know something about sacrifice. It is kind of tough when you know you can't provide your children what you know you could have if you had stayed in the private sector, but that is what we did.

I came representing my constituents with their expectation that everybody, as Speaker PELOSI and President Obama and Senator REID have promised, that everybody would have input, and we have been shut out. It really is a tragedy.

For seniors, since Medicare came into existence, seniors have never had complete coverage nor control of their own health care. The government has had that control. They would have to find out if the government was going to cover a medication or a procedure. They would have to find out from the government. The only thing worse I can imagine would be if we had a system like Canada or England where the government puts you on a list. And as one individual told me from Canada, that his father needed bypass surgery and he went on a list. He was told we do make adjustments in the lists based on our own determination. I can just picture some guy in a cubicle looking at the list, I think I will move this guy, not this one. He said he guessed wrong with my dad. He needed the bypass surgery very quickly, he didn't get it, and he died on the list, waiting to get bypass surgery for a number of months.

We want people to control their own destiny and have access to affordable health care. I saw across America it was currently costing over \$10,000; in 2007, it had gone from \$8,500 to \$9,200 a household. For every household in America, on average they were paying nearly \$10,000 to cover the people on Medicare and Medicaid.

We would be better off to say to our beloved seniors, you know what, we can do better if we just pay for what you need and we put cash money in your Health Savings Account. If you are an individual living alone, \$2,500, if it is two or more, \$3,500 in your household Health Savings Account, and then we will buy you health insurance to cover everything over that.

□ 2220

You control the first amount, up to \$2,500 or \$3,500, with a debit card that is coded so it will only pay for health care treatments, medications, over the counter, prescription drugs, the things you need for your health care; and then health insurance, a private health insurance company, would provide insurance for everything over that that was not elective. We're not going to pay for liposuction, but if it's not elective, then it would take care of it. We're better off doing that for seniors; then they have absolute control of their own destiny and they have full coverage so people like seniors and our families would not have to buy supplemental Medicare coverage.

I know that scares AARP. The loss of revenue would be just so traumatic to AARP. I get it. I understand that. But it would be better for AARP's members if they didn't have to buy the supplemental coverage from AARP, if they didn't have to buy wraparound coverage from some outside source, if we took care of it and gave them what they deserve for handing us the greatest country with the greatest freedoms in the history of the world. We owe that to them. That's what we owe to those who have gone on before us.

To those who are coming behind, my heart breaks. We're spending money like it grows on trees. Of course we're printing it like it grew on trees. Instead, we're cutting down massive forests and printing it. Chairman Bernanke told us he wasn't monetizing the debt, and we find out it appears the Federal Reserve is buying our debt with newly printed money. I wish that we could get Madam Speaker to bring the bill to the floor that has over 300 cosponsors—it only takes 218 to pass—that would require an audit of the Federal Reserve, but we can't get that to the floor.

In any event, we owe future generations so much better than we're giving them. And I just keep thinking about how absurd, if a parent brought a bunch of kids and grandkids into a bank and said, I need a loan because I can't stop spending, I'm just spending wildly, it's more than I earn, it's more than I could ever get, but I need a loan

so I can just keep spending—you know, \$25 million on rare dogs and cats that don't even live in the United States, \$770 million for wild horses, \$400 billion for a land omnibus bill, \$800 billion for a stimulus package that won't stimulate anything, hasn't saved jobs, it doesn't appear, just a few thousands of jobs while there has been millions lost; \$800 billion for that? And don't think that I exclude the TARP bailout, that ridiculous bill that never should have been passed through this House 1 year ago. That's part of the problem, spending money like crazy.

Can you imagine that parent saying, give me the loan, and see all my kids and grandkids back here? I am going to swear that when I'm gone and quit spending—because I'm dead—they're going to pay it all back to you. That is what we are doing. We owe them so much better after what we got in this country, and we're leaving them debt they will never be able to pay off and they will have to pass to their children and their children's children.

With us and this arrogant spending that's going on in this body—and I know it didn't just start with the Democratic majority, but they've kicked it in exponentially since taking the majority and especially since January. They won the majority on promising America they would bring down the spending, and it's been exponential, it seems, since then. We owe future generations so much better.

So we're told, gee, the initial H.R. 3200, it was probably going to cost \$1 to \$2 trillion. We were told the Baucus bill is going to be over \$1 trillion. Folks, the last numbers we were able to get is around 119 million households in America, you divide 119 million households into \$1.19 trillion—which is a conservative estimate of any of the Democrats' bills—and what you have is an additional \$10,000 per household for their health care bill that will not cover all Americans, but will cover a lot of illegal immigrants in this country. My bill deals with that.

By the way, this bill I have before me, it would be a choice for seniors; if you want to keep Medicare, keep it, but I know in my heart that when you see what an advantage it would be to have the government give you a health savings account with cash in it and the government pay for the insurance to cover anything over that, that's the way people will want to go. And then eventually we will be able to bring down dramatically the cost. And as the young people move up, it costs less and less and we get this spending under control.

But one of the things that we've heard is about how many people come into this country knowing they've got a health care problem, knowing they may need heart surgery, come in, present to the hospital, get heart surgery. See, you can do that in this country; you can't necessarily do that in other countries. But we've got to rein that in.

In my bill, there is a specific provision that says, if you want a visa to come into this country—whether it's a migrant worker visa or whether it's a travel visa or whether it's coming in for some extended stay to work here—you have to show that you will be covered by health insurance either by your employer, by the household in which you're going to reside, that you will be part of their health insurance, you have to show that document or you don't get a visa. It is a matter of national security that we not let people coming in bankrupt the country. We've got to get this under control.

The law of the land is—and has been and allowed to stand—if you're illegally in this country and you present for health care, you'll get it. We believe in abiding by the law, and so that will be addressed, that will be taken care of. You will get the health care. But because it is, again, a matter of national security that you not be allowed to bankrupt our country, then if you're here illegally and get free health care, then you will be deported. And since we can't let you keep coming in to bankrupt this country, if you come back in, then it would be a crime. It's not considered a crime right now, but if you come in illegally, get free health care, and then after being deported come back in, that would be a crime under this bill.

Another thing we need, though, is transparency. These are all part of Republican solutions. And it's in this bill. It's in other people's bills. Transparency. People don't know what it costs for health care. I have seniors get scared. They say, wow, that costs \$30,000? Oh, my goodness. Thank goodness for Medicare because I only have \$10,000 in the bank. I could never have paid for that. Well, guess what? It didn't cost \$30,000. It probably didn't cost more than \$3,000 for that \$30,000 in care.

As I've mentioned before, I know of a specific instance where \$10,000 in 2 days of hospital care, ambulance, doctors, testing was paid in full by a health insurance company for \$800. Americans ought to be able to do the same thing. It shouldn't just be Blue Cross or some other health care insurance company. Americans ought to be able to get the same good deal that insurance companies or the government can get, and they could do that if they had their health savings account and start saving. And even if someone is self-employed or wants to put in money of their own, they can do that. That's pretax money if they're willing to do that. Those are the kind of things that would help us.

With regard to transparency, under this bill, health care providers would be required to provide you the exact cost of the treatment of whatever it is you're getting in the way of health care from the health care provider before the treatment.

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They also, under my bill, would have the right to know if you are providing that service to anyone else cheaper. They have the right to know how much it is. Chances are, if a health care provider is providing it cheaper to one than they will with a health savings account or somebody with cash, then that person with cash or the health savings account will take their little debit card down the road, like we used to do growing up. The truth is we used to go back and forth between doctors. My parents were looking for a good deal and didn't have money to waste, and so you knew what things cost and we might go to a different doctor. But you might know in advance. That's the way it ought to be now. You ought to know, and you might get the same deal, Madam Speaker, that Blue Cross gets. That's in this bill.

Another thing would be that insurance companies—and that's in this bill, and JOHN SHADEGG is the one that talked about it so adamantly for so long. It's a good idea. Insurance companies should be able to cross State lines.

I have been looking on the Internet lately for some new term life insurance—and I am not giving out my e-mail address, because I sure don't want any more of the spam that I keep getting—but you can get that online. People are competing across the country, and there are some very good rates on life insurance.

You ought to be able to do that with health care insurance. People ought to be able to get as good of health care plans no matter who they are. But, unfortunately, under H.R. 3200, and basically the Baucus bill, as I understand it—I haven't read it like I have 3200—you will not have a lot of choices. There will be one basic plan. There will be one enhanced plan. There will be one premium plan. It may be that you are in an area of the country where you only have one policy, the basic policy. The terms will be dictated by the Federal Government.

It's not choices. You may have a number of companies initially that offer those, but if there is a public option, then, just like with the flood insurance, the government will put private insurance companies out of business and you will have one choice of company; that's the Federal Government. You will have one plan, and that's what's dictated. My bill avoids that problem.

There are lots of solutions out there, but I do want people to know that, again, when they are told that you can keep your own insurance company, here is the House bill here, 3200, Section 102, the grandfathered health insurance coverage means an individual has insurance coverage. In order to keep this, you have to meet these requirements:

The insurance issuer offering such coverage does not enroll any individual in such coverage if the first effective date of coverage is on or after the first

day of Y1. You can't add a single individual to your policy. If you do, you will lose the policy. It's a retirement medical policy, and one more person retires and goes on, that's gone. You are back under the Federal bill here.

Then the second is the issuer does not change any of its terms or conditions, including benefits and cost sharing. That means nobody is going to be keeping their own health insurance policy is exactly what it means.

The other stuff, even if you take out the public option, this kind of stuff that you can find in our 1,000-page bill—and I bet this kind of stuff is in the Baucus Senate bill, studying reports. It shall, the commissioner, Secretary of Health and Human Services, Secretary of Labor, shall conduct a study of the large group insured, self-insured employer health care markets.

It will include types of employers by key characteristics, including size that purchase insured products versus those that self-insure. Similarities and differences between typical insured, self-insured health plans. The financial solvency and capital reserve levels of employers that self-insure by employer size. The risk of self-insured employers not being able to pay obligations or otherwise becoming financially insolvent. You get that, being able to pay obligations.

That means we are going to send in—we have never balanced anything around here for very long. We are going to send in a Federal agent to help people in private business, that we think you are not making good decisions and so we are going to help you run your business because you are not making good calls. We are doing a study. I mean, this opens the door for the Federal Government to come in and service people in a way they don't want to be serviced.

We don't need the Federal takeover of health care. We just don't. We need a referee. We do not need the Federal Government to be the player. That's the way it always works out.

I would encourage, Madam Speaker, anyone in this body or anybody across America who would like to know exactly what the President's plan says, because he has referred to it constantly, my bill, my plan, this bill, this plan, contact the White House if they would be interested and ask for a copy of the President's bill. Anybody on this floor can do that, anybody across America. What you will find is what we finally found—the President has no bill. There is no bill. There is no President's bill, nothing there. All those claims about my bill, this bill, my bill, it's not there, doesn't exist. They finally admitted it.

Madam Speaker, I am so hopeful that Americans will speak out and make sure that their Representatives or their Senators and the President know how they feel about the government taking over another aspect of their lives, and I hope and pray that doesn't happen.

Madam Speaker, I yield back.

#### LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. GERLACH (at the request of Mr. BOEHNER) for today on account of illness.

#### SPECIAL ORDERS GRANTED

By unanimous consent, permission to address the House, following the legislative program and any special orders heretofore entered, was granted to:

(The following Members (at the request of Mr. CARNAHAN) to revise and extend their remarks and include extraneous material:)

Mr. CUMMINGS, for 5 minutes, today.

Mr. GEORGE MILLER of California, for 5 minutes, today.

Ms. WOOLSEY, for 5 minutes, today.

Mr. DEFazio, for 5 minutes, today.

Ms. KAPTUR, for 5 minutes, today.

Mr. GRAYSON, for 5 minutes, today.

(The following Members (at the request of Mr. POE of Texas) to revise and extend their remarks and include extraneous material:)

Mr. POE of Texas, for 5 minutes, November 3.

Mr. JONES, for 5 minutes, November 3.

Mr. FORTENBERRY, for 5 minutes, today.

Mr. CARTER, for 5 minutes, October 28.

Mr. DEAL of Georgia, for 5 minutes, October 28.

#### ENROLLED BILL AND JOINT RESOLUTION SIGNED

Lorraine C. Miller, Clerk of the House, reported and found truly enrolled a bill and joint resolution of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 1209. An act to require the Secretary of the Treasury to mint coins in recognition and celebration of the establishment of the Medal of Honor in 1861, America's highest award for valor in action against an enemy force which can be bestowed upon an individual serving in the Armed Services of the United States, to honor the American military men and women who have been recipients of the Medal of Honor, and to promote awareness of what the Medal of Honor represents and how ordinary Americans, through courage, sacrifice, selfless service and patriotism, can challenge fate and change the course of history.

H.J. Res. 26. Joint Resolution proclaiming Casimir Pulaski to be an honorary citizen of the United States posthumously.

#### A BILL PRESENTED TO THE PRESIDENT

Lorraine C. Miller, Clerk of the House reports that on October 26, 2009 she presented to the President of the United States, for his approval, the following bill.

H.R. 2647. To authorize appropriations for fiscal year 2010 for military activities of the

Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, to provide special pays and allowances to certain members of the Armed Forces, expand concurrent receipt of military retirement and VA disability benefits to disabled military retirees, and for other purposes.

#### ADJOURNMENT

Mr. GOHMERT. Madam Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 10 o'clock and 35 minutes p.m.), the House adjourned until tomorrow, Wednesday, October 28, 2009, at 10 a.m.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XXIV, executive communications were taken from the Speaker's table and referred as follows:

4299. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Congestion Management Rule for John F. Kennedy International Airport and Newark Liberty International Airport [Docket No.: FAA-2008-0517; Amendment No. 93-93] (RIN: 2120-AJ48) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4300. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Congestion Management Rule for LaGuardia Airport [Docket No.: FAA-2006-25709; Amendment No. 93-92] (RIN: 2120-AJ49) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4301. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Establishment of Class E Airspace; Little River, CA [Docket No.: FAA-2009-0617; Airspace Docket No. 09-AWP-5] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4302. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Amendment of Class E Airspace; Platteville, WI [Docket No.: FAA-2009-0512; Airspace Docket No. 09-AGL-9] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4303. A letter from the Program Analyst, Department of Transportation, transmitting the Department's final rule — Modification of Class E Airspace; Pueblo, CO [Docket No.: FAA-2009-0349; Airspace Docket No. 09-ANM-6] received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4304. A letter from the Regulations Officer/Attorney Advisor, FHWA, Department of Transportation, transmitting the Department's final rule — Interoperability Requirements, Standards, or Performance Specifications for Automated Toll Collection Systems [FHWA Docket No.: FHWA-06-23597] (RIN: 2125-AF07) received October 13, 2009, pursuant to 5 U.S.C. 801(a)(1)(A); to the Committee on Transportation and Infrastructure.

4305. A letter from the Assistant Chief Counsel, Department of Transportation, transmitting the Department's final rule — Hazardous Materials: Revision of Requirements for Emergency Response Telephone